SALVATORE FIOLA

P03-235-FIO

Approved for use through 10/31/2002. OMB 0651-0032

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**DECLARATION FOR UTILITY OR** 

Att rney Docket Numb r

First Named Inv ntor

DESIGN PATENT APPLICATION (37 CFR 1.63)		First Named IIIV IIIV		
		COMPLETE IF KNOWN		
		Application Number		
(J. C.)	,	Filing Date		
	eclaration Submitted after Initial	Art Unit		
with Initial F	Filing (surcharge 37 CFR 1.16 (e)) required)	Examiner Name		
As the below named inventor, I hereby				
My residence, mailing address, and citizen	enship are as stated below	next to my name.		on the invention entitled:
I believe I am the original and first invent	or of the subject matter whi	ich is claimed and for which	a patent is sought	on the invention entities.
BAGEL CUTTER				
(Title of the Invention)				
the specification of which				
is attached hereto				
OR was filed on (MM/DD/YYYY)		as United States A	oplication Number o	or PCT International
Application Number	and was amende	ed on (MM/DD/YYYY)		(if applicable).
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.				
I acknowledge the duty to disclose information, material information which	mation which is material to became available between			
International filing date of the continuation	under 35 U.S.C. 119(a)-(d) ı) of any PCT international	app.iou.	oreign application for fore that of the app	or patent, inventors or plant olication on which priority is
Prior Foreign Application	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO
Number(s)	,	[		

PTO/88/01 (10-01)
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Under the Paperwork Reduction Act of 1995, no persons see required to respond to a pollection of information unless ti contains a valid QMB control number. **DECLARATION** — Utility or Design Patent Application Customer Number or Bar Code Label Direct all correspondence to: OR [ Correspondence andress below 27107 PATENT TRADEMARK OFFICE Name Address ZIP City State Country Telephone I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jacquardize the validity of the application or any patent issued thereon. A petition has been filed for this unsigned inventor NAME OF SOLE OR FIRST INVENTOR: GIVEN Name SALVATORE Family Name FIOLA (first and middle (if any)) or Burname 07/01/2003 Inventor's 🗙 🥄 Signature US US NY THIELLS Citizenship Residence: City State Country 12 VALLEY DRIVE Mailing Address 10984 THIELLS NY US State Country A petition has been filed for this unsigned inventor NAME OF SECOND INVENTOR: Family Name (first and middle [if any]) or Sumame inventor's Signature Date Residence: City State Country Citizenship Mailing Address Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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